

County Health Department (CHD) Preparedness Expectations
June 16, 2014; Version 1.7

Category*	Expectation			Target	Scoring	Federal/State Guidance Alignment **
	2012	2013	2014			
Planning						
PL1 CHD Emergency Operations Plan (EOP)	<ul style="list-style-type: none">CHD Emergency Operations Plan has been updated within the past 36 months.	<ul style="list-style-type: none">CHD Emergency Operations Plan has been updated within the past 36 months.	<ul style="list-style-type: none">CHD Emergency Operations Plan has been updated within the past 36 months.	Target: By 2014, 100% of CHDs will meet expectation. Note: CHDs with Project Public Health Ready (PPHR) certification within past 3 years meet this expectation.	These are Pass/Fail expectations and are scored as follows: 1 = Fail 5 = Pass	PHHP SP Strategy 1.2 – Planning
PL2 County Comprehensive Emergency Management Plan (CEMP)	<ul style="list-style-type: none">Approved County Comprehensive Emergency Management Plan identifies roles and responsibilities for the CHD.	<ul style="list-style-type: none">Approved County Comprehensive Emergency Management Plan identifies roles and responsibilities for the CHD.	<ul style="list-style-type: none">Approved County Comprehensive Emergency Management Plan identifies roles and responsibilities for the CHD.	Target: Meet expectation each year.	These are Pass/Fail expectations and are scored as follows: 1 = Fail 5 = Pass	PHHP SP Strategy 1.2 – Planning
PL3 Response Workforce Development	<ul style="list-style-type: none">To Be Determined (TBD) Not Scored.	<ul style="list-style-type: none">The intent of this expectation is to ensure CHDs have a training plan for response workforce development. Many counties have undergone Project Public Health Ready (PPHR) certification wherein a documented training is required. In addition, DOH required trainings include basic level response training for all employees.	<ul style="list-style-type: none">Workforce development standards will be revisited in 2014.	Target: TBD.	Expectation is in development and will not be scored in 2014.	CDC PHEP Capability 1, Community Preparedness, Function 2 PHHP SP Strategy 7.1 Community and Healthcare System Preparedness CDC PHEP Community Preparedness Evaluation Tool
PL4 After Action Report and Improvement Plan (AAR/IP)	Within the past 24 months: <ul style="list-style-type: none">CHD conducted an exercise or real-event activation.CHD has completed AAR/IP within 30 days of exercise or activation.	Within the past 24 months: <ul style="list-style-type: none">CHD conducted an exercise or real-event activation.CHD completed an AAR/IP of the exercise or activation.CHD has completed AAR/IP within 60 days of exercise or activation.	Within the past 24 months: <ul style="list-style-type: none">CHD conducted an exercise or real-event activation.CHD completed an AAR/IP of the exercise or activation.CHD has completed AAR/IP within 60 days of exercise or activation.	Target: By 2014, 100% of CHDs will meet expectation.	Within the past 24 months: 1 = CHD conducted an exercise or real event activation. 3 = CHD completed an AAR/IP of the	CDC PHEP Capability 3, Emergency Operations Coordination, Function 5 PHHP SP Strategy 2.1 - Public Health and Healthcare System Emergency Operations

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					exercise or activation. 5 = CHD completed AAR/IP within 60 days of exercise or activation.	Coordination CDC PHEP Performance Measure 3.3: AAR and IP
Emergency Operations Coordination						
EO1 CHD Decision-Maker for Emergency Operations Center (EOC) Operations	<ul style="list-style-type: none"> CHD decision-maker has been identified to support county EOC operations. CHD decision-maker can report for duty within 60 minutes of request. CHD decision-maker has been exercised or tested within last 12 months. 	<ul style="list-style-type: none"> CHD decision-maker has been identified to support county EOC operations. CHD decision-maker can report for duty within 60 minutes of request. CHD decision-maker has been exercised or tested within last 12 months. 	<ul style="list-style-type: none"> CHD decision-maker has been identified to support county EOC operations. CHD decision-maker can report for duty within 60 minutes of request. CHD decision-maker has been exercised or tested within last 12 months. 	Target: Meet expectation each year.	1 = CHD decision-maker identified to support EOC operations. 3 = CHD decision-maker identified to support EOC operations and can report for duty within 60 minutes. 5 = CHD decision-maker identified, can report to duty within 60 minutes and has been tested within last 12 months.	CDC PHEP Capability 3, Emergency Operations Coordination, Function 2 PPHP SP Strategy 2.1 - Public Health and Healthcare System Emergency Operations Coordination CDC PHEP Performance Measure 3.1: Staff Assembly DOH SHIP HP 3.2.1
EO2 Continuity of Operations	<ul style="list-style-type: none"> CHD has an approved Continuity of Operations Plan (COOP). COOP has been exercised or activated within the last 24 months. COOP results have been documented in AAR/IP. 	<ul style="list-style-type: none"> CHD has an approved (COOP). COOP has been exercised or activated within the last 24 months. COOP results have been documented in AAR/IP. 	<ul style="list-style-type: none"> CHD has an approved (COOP). COOP has been exercised or activated within the last 24 months. COOP results have been documented in AAR/IP. 	Target: Meet expectation each year.	1 = COOP is approved w/in last 24 months, but not tested. 3 = COOP is approved and exercised/activated w/in past 24 months. 5 = COOP is approved, exercised/activated and documented in AAR/IP w/in past 24 months.	ASPR HPP Capability 2 Continuity of Healthcare Operations, Function 2 PPHP SP Strategy 7.2 – Community and Healthcare System Recovery. ASPR HPP Continuity of Healthcare Operations Indicators #6
EO3 Notification Contacts	<ul style="list-style-type: none"> List of contacts for notification of public health issues is available 	<ul style="list-style-type: none"> List of contacts for notification of public health issues is available and 	<ul style="list-style-type: none"> List of contacts for notification of public health issues is available and 	Target: Meet expectation each year.	These are Pass/Fail expectations and are scored as follows:	CDC PHEP Capability 4, Emergency Public Information & Warning,

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	2012	2013	2014			
	and reviewed/updated at least annually.	reviewed/updated at least annually.	reviewed/updated at least annually.		1 = Fail 5 = Pass	Function 1 PHEP SP Strategy 3.1 - Crisis and Emergency Risk Communications (Emergency Public Information and Warning)
EO4 Everbridge SERVFL Notification System Alerts	<ul style="list-style-type: none"> CHD Key Contacts are identified to receive state level alerts. CHD Key Contacts are registered FDENS users. CHD Key Contacts respond to state level alerts, drills and real events within 30 minutes or less. 	<ul style="list-style-type: none"> CHD Key Contacts are identified to receive state level alerts. CHD Key Contacts are registered FDENS users with CHD Key Contact role. CHD Key Contacts respond to state level alerts, drills, and real events within 30 minutes or less. 	<ul style="list-style-type: none"> CHD Leadership Team members are identified to receive state level alerts. CHD Leadership Team members are registered in Everbridge SERVFL Notification System to receive state wide alerts. CHD Leadership Team members respond to state level alerts, drills, and real events in less than 30 minutes. <p>Note: FDENS was replaced by during Everbridge SERVFL Notification System in 2014.</p>	Target: By 2014, 100% of identified CHD Leadership Team members respond to notification within 30 minutes.	<p>Actual time is taken from Everbridge SERVFL notification history log. Expectation is scored as follows:</p> <p>% of identified CHD Leadership Team responding within 30 minutes or less.</p> <p>1 = 0% - 20% 2 = 21% - 40% 3 = 41% - 60% 4 = 61% - 80% 5 = 81% - 100%</p> <p>CHDs participating in multiple state-wide alerts, drills, and real events should use results from the activity that produced the best percentage score possible.</p>	<p>CDC PHEP Capability 3, Emergency Operations Coordination, Function 2</p> <p>PHEP SP Strategy 2.1 – Public Health and Healthcare System Emergency Operations Coordination</p> <p>CDC PHEP Performance Measure 3.1: Staff Assembly</p> <p>DOH SHIP HP 3.2.1</p>
Community Preparedness						
CP1 Risk Assessment	<ul style="list-style-type: none"> TBD <p>Not Scored.</p>	The intent of this expectation is to determine if the CHDs are considering hazard vulnerability or risk assessment	This expectation will be revisited in 2014.	Target: TBD.	Expectation is under development, and will not be scored in 2014.	CDC PHEP Capability 1, Community Preparedness, Function 1

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		<p>in local planning.</p> <p>DOH headquarters is developing an online risk assessment tool that will be piloted this year. It is expected that 2014 criteria will focus on CHD training for using the tool once it is ready for use.</p>				<p>PHHP SP Strategy 7.1 - Community and Healthcare System Preparedness</p> <p>CDC PHEP Community Preparedness Evaluation Tool</p>
CP2 Vulnerable Populations	<ul style="list-style-type: none"> Conduct vulnerable populations assessment. 	<ul style="list-style-type: none"> Assessment complete and reviewed within last 24 months. 	<ul style="list-style-type: none"> Assessment complete and reviewed within last 24 months. 	<p>Target: By 2014, completed assessments exist for 100% of identified vulnerable populations.</p>	<p>CHD determines actual numerator and denominator. Percentage calculated and scored as follows:</p> <p>1 = 0% - 20% 2 = 21% - 40% 3 = 41% - 60% 4 = 61% - 80% 5 = 81% - 100%</p>	<p>PHHP SP Strategy 1.2 – <u>Planning</u></p>
CP3 Community Engagement	<ul style="list-style-type: none"> Community agencies participate in public health, medical and/or mental/behavioral health-related emergency preparedness efforts. 	<ul style="list-style-type: none"> Community agencies participate in public health, medical and/or mental/behavioral health-related emergency preparedness efforts. 	<ul style="list-style-type: none"> Community agencies participate in public health, medical and/or mental/behavioral health-related emergency preparedness efforts. 	<p>Target: By 2014, 90% of community sectors composed of key agencies and organizations identified by CHDs will have been engaged to participate in public health, medical and/or mental/behavioral health-related emergency preparedness efforts.</p>	<p>CHD determines actual numerator and denominator. Percentage calculated and scored as follows:</p> <p>1 = 0% - 20% 2 = 21% - 40% 3 = 41% - 60% 4 = 61% - 80% 5 = 81% - 100%</p>	<p>CDC PHEP Capability 1, Community Preparedness, Functions 3</p> <p>PHHP SP <u>Strategy</u> 7.1 – Community and Healthcare System Preparedness</p> <p>CDC PHEP Community Preparedness Evaluation Tool</p>
Mass Care						
MC1 Special Needs Sheltering (SpNS) Operations	<p>Within past 36 months:</p> <ul style="list-style-type: none"> SpNS Operations Plans are approved. 	<p>Within past 36 months:</p> <ul style="list-style-type: none"> SpNS Operations Plans are approved. 	<p>Within past 36 months:</p> <ul style="list-style-type: none"> SpNS Operations Plans are approved. 	<p>Target: Meet expectation each year.</p>	<p>1 = Plan is approved in last 36 months, but not tested. 3 = Plan is approved &</p>	<p>CDC PHEP Capability 7, Mass Care, Function 4</p> <p>PHHP SP Strategy 4.2 –</p>

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	<ul style="list-style-type: none"> Plans are tested through exercise or activation. Results documented in AAR/IP within 30 days of the exercise or activation. 	<ul style="list-style-type: none"> Plans are tested through exercise or activation. Results are documented in AAR/IP within 30 days of the exercise or activation. 	<ul style="list-style-type: none"> Plans are tested through exercise or activation. Results are documented in AAR/IP within 30 days of the exercise or activation. 		<p>exercised/activated in past 36 months.</p> <p>5 = Plan is approved, exercised/activated and documented in AAR/IP in past 36 months.</p>	<p>Mass Care</p> <p>CDC PHEP Mass Care Evaluation Tool</p>
MC2 Functional Needs Support Services (FNSS)	<ul style="list-style-type: none"> Participate in local FNSS planning. 	<ul style="list-style-type: none"> CHD roles and responsibilities for local implementation of FNSS are documented in CHD EOP. 	<ul style="list-style-type: none"> CHD roles and responsibilities for local implementation of FNSS are documented in CHD EOP. 	<p>Target: By 2014, the CHD roles and responsibilities for local implementation of Functional Needs Support Services are documented in the CHD EOP.</p>	<p>This is a Pass/Fail expectation and scored as follows:</p> <p>1 = Fail 5 = Pass</p>	<p>CDC PHEP Capability 7, Mass Care, Functions 2 and 4</p> <p>PHHP SP Strategy 4.2 – Mass Care</p> <p>CDC PHEP Mass Care Evaluation Tool</p>
MC3 Shelter Surveillance	<ul style="list-style-type: none"> Selected CHDs participate in developing shelter surveillance standards, tools and processes. <p>Not Scored.</p>	<ul style="list-style-type: none"> DOH BPR will research and review standard shelter surveillance tools to be shared with CHDs. 	<ul style="list-style-type: none"> This expectation will be revisited in 2014. 	<p>Target: TBD.</p>	<p>Expectation is in development and will not be scored in <u>2014</u>.</p>	<p>CDC PHEP Capability 7, Mass Care, Function 2</p> <p>PHHP SP Strategy 4.2 – Mass Care</p> <p>CDC PHEP Mass Care Evaluation Tool</p>
Crisis & Emergency Risk Communications						

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CE1 Risk Communication Messaging Development and Dissemination	Within the past 24 months: <ul style="list-style-type: none"> Risk communication message development and dissemination procedures are documented. Procedures are tested to ensure message can be disseminated to public within 3 hours of incident. Results are documented in an AAR/IP. 	Within the past 24 months: <ul style="list-style-type: none"> Risk communication message development and dissemination procedures are documented. Procedures are tested to ensure message can be disseminated to public within 3 hours of incident. Results are documented in an AAR/IP. 	Within the past 24 months: <ul style="list-style-type: none"> Risk communication message development and dissemination procedures are documented. Procedures are tested to ensure message can be disseminated to public within 3 hours of incident. Results are documented in an AAR/IP. 	Target: By 2014, risk communications messages can be disseminated to public within 3 hours of event.	1 = Processes are documented, but not tested within last 24 months. 3 = Processes are documented and exercised/activated within past 24 months. 5 = Processes are documented, exercised/activated and documented in AAR/IP within past 24 months.	CDC PHEP Capability 4, Emergency Public Information and Warning, Function 5 PPHP SP Strategy 3.1 – Crisis and Emergency Risk Communications DOH SHIP HP 3.6.1
CE2 Public Information Officer (PIO) and Spokespersons	<ul style="list-style-type: none"> CHD has designated PIO trained to DOH Crisis and Emergency Risk Communication (CERC) standards as well as epidemiology and environmental health (EPI/EH) spokesperson(s) trained to DOH CERC standards. 	<ul style="list-style-type: none"> CHD has designated PIO trained to DOH CERC standards as well as epidemiology and environmental health spokesperson(s) trained to DOH CERC standards. 	<ul style="list-style-type: none"> CHD has designated PIO trained to DOH CERC standards as well as epidemiology and environmental health spokesperson(s) trained to DOH CERC standards. 	Target: By 2014, 100% of designated PIOs and spokespersons are trained to DOH CERC standards.	Expectation will be scored as follows: 1 = PIO designated but not trained. 3 = PIO designated and trained. 4 = PIO designated and trained and EPI/EH spokesperson(s) designated but not trained. 5 = PIO designated and trained and EPI/EH spokesperson designated and trained.	CDC PHEP Capability 4, Emergency Public Information and Warning, Function 5 PPHP SP Strategy 3.1 – Crisis and Emergency Risk Communications DOH SHIP HP 3.6.1
CE3 Joint Information Center/Joint Information System Participation	<ul style="list-style-type: none"> Local Joint Information Center/Joint Information System Operations lead has list of health and medical contacts. CHD submits updated list of health and medical contacts to local lead at 	<ul style="list-style-type: none"> Local Joint Information Center/Joint Information System Operations lead has list of health and medical contacts. CHD submits updated list of health and medical contacts to local lead at 	<ul style="list-style-type: none"> Local Joint Information Center/Joint Information System Operations lead has list of health and medical contacts. CHD submits updated list of health and medical contacts to local lead at 	Target: Meet expectation each year.	This is a Pass/Fail expectation and scored as follows: 1 = Fail 5 = Pass	CDC PHEP Capability 4, Emergency Public Information and Warning, Functions 3 PPHP SP Strategy 3.1 – Crisis and Emergency Risk Communications

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	2012	2013	2014			
	least annually.	least annually.	least annually.			
Responder Safety and Health						
RS1 N-95 Fit Testing	<ul style="list-style-type: none"> CHD procedures for conducting medical clearance are reviewed and updated annually Roster of qualified and trained staff to conduct fit testing is reviewed and updated annually. 	<ul style="list-style-type: none"> CHD procedures for conducting medical clearance are reviewed and updated annually Roster of qualified and trained staff to conduct fit testing is reviewed and updated annually. 	<ul style="list-style-type: none"> CHD procedures for conducting medical clearance are reviewed and updated annually Roster of qualified and trained staff to conduct fit testing is reviewed and updated annually. 	Target: Meet expectation each year.	This is a Pass/Fail expectation and scored as follows: 1 = Fail 5 = Pass	CDC PHEP Capability 14, Responder Safety and Health, Functions 2 PPHP SP Strategy 5.4 – Responder Safety and Health
RS2 Responder Risk and Mitigation	<ul style="list-style-type: none"> Select counties participate in workgroup to identify and prioritize potential risks to responders. <p>Not Scored.</p>	<ul style="list-style-type: none"> This expectation will not be scored in 2013. DOH BPR will finalize the Responder Safety and Health Annex to standardize risk and mitigation guidance and disseminate to CHDs. 	<ul style="list-style-type: none"> This expectation will be not be scored 2014. 	Target: TBD.	Expectation is under development, and will not be scored in 2014.	CDC PHEP Capability 14, Responder Safety and Health, Function 3 PPHP SP Strategy 5.4 – Responder Safety and Health CDC PHEP Performance Measure 14.1: Deployment Safety and Health Program
Medical Countermeasure Dispensing (Mass Prophylaxis)						
MP1 Medical Countermeasure Dispensing	Within the past 36 months: <ul style="list-style-type: none"> Medical Countermeasure Dispensing Plan, including all 5 elements, has been approved. Plan has been tested through exercise or activation. Results are documented in AAR/IP. 	Within the past 36 months: <ul style="list-style-type: none"> Medical Countermeasure Dispensing Plan, including all 5 elements, has been approved. Plan has been tested through exercise or activation. Results are documented in AAR/IP. 	Within the past 36 months: <ul style="list-style-type: none"> Medical Countermeasure Dispensing Plan, including all 5 elements, has been approved. Plan has been tested through exercise or activation. Results are documented in AAR/IP. 	Target: By 2014, 100% of CHDs will have approved and tested Medical Countermeasure Dispensing plan that includes procedures to: <ul style="list-style-type: none"> Request. Receive. Dispense. Report medical countermeasures. Reporting adverse events. 	1 = Plan is approved within last 36 months, but not tested. 3 = Plan is approved and exercised/activated within past 36 months. 5 = Plan is approved, exercised/activated and documented in AAR/IP within past 36 months.	CDC PHEP Capability 8, Medical Countermeasures Dispensing, Function 1 PPHP SP Strategy 5.1 – Medical Countermeasures Dispensing
Public Health Surveillance & Epidemiological Investigation						

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	2012	2013	2014			
EPI1 Competencies and Skills in Applied Epidemiology	<ul style="list-style-type: none"> Counties with population greater than 100,000: Epidemiologist calls in to at least 20 Bi-weekly Epidemiology Conference Calls or regional calls per year and attends 3 Grand Rounds presentations per year. Counties with population less than 100,000: Epidemiologist calls into at least 12 bi-weekly epidemiology conference calls or regional calls during year and attends 3 Grand Rounds presentations per year. 	<ul style="list-style-type: none"> Counties with population greater than 100,000: Epidemiologist calls in to at least 20 Bi-weekly Epidemiology Conference Calls or regional calls per year and attends 3 Grand Rounds presentations per year. Counties with population less than 100,000: Epidemiologist calls into at least 12 bi-weekly epidemiology conference calls or regional calls during year and attends 3 Grand Rounds presentations per year. 	<ul style="list-style-type: none"> Counties with population greater than 100,000: Epidemiologist calls in to at least 20 Bi-weekly Epidemiology Conference Calls or regional calls per year and attends 3 Grand Rounds presentations per year. Counties with population less than 100,000: Epidemiologist calls into at least 12 bi-weekly epidemiology conference calls or regional calls during year and attends 3 Grand Rounds presentations per year. 	Target: Meet expectation each year.	These are Pass/Fail expectations and are scored as follows: 1 = Fail 5 = Pass	CDC PHEP Capability 13, Public Health Surveillance and Epidemiological Investigation, Function 1 PHHP SP Strategy 6.2 – Public Health Surveillance and Epidemiological Investigation CDC PHEP Performance Measures 13.1: Disease Reporting
EPI2 24/7 Health Department Access to Collect, Review and Respond to Reports of Selected Diseases	<ul style="list-style-type: none"> Process exists to ensure 24/7/365 reporting of cases and suspected cases. Data provided via 75% or higher rate of disease reporting within 14 days. 30% or less annual error rate or unknown values for selected diseases. 	<ul style="list-style-type: none"> Process exists to ensure 24/7/365 reporting of cases and suspected cases. Data provided via 77% or higher rate of disease reporting within 14 days. 30% or less annual error rate or unknown values for selected diseases. 	<ul style="list-style-type: none"> Process exists to ensure 24/7/365 reporting of cases and suspected cases. Data provided via 77% or higher rate of disease reporting within 14 days. 30% or less annual error rate or unknown values for selected diseases. 	Target: Meet expectation each year.	Process exists to ensure 24/7/365 reporting of cases and suspected cases: 1 = Fail 5 = Pass Data provided via 77% or higher rate of disease reporting within 14 days: 1 = Fail 5 = Pass 30% or less annual error rate or unknown values for selected diseases. 1 = Fail 5 = Pass	CDC PHEP Capability 13, Public Health Surveillance and Epidemiological Investigation, Function 2 PHHP SP Strategy 6.2 – Public Health Surveillance and Epidemiological Investigation CDC PHEP Performance Measures 13.2: Disease Control
EPI3 <u>Using Electronic Surveillance System for</u>	<ul style="list-style-type: none"> Counties with population greater than 100,000 	<ul style="list-style-type: none"> Counties with population greater than 100,000 	<ul style="list-style-type: none"> The CHD is expected to have designated and 	Target: By 2014: 100% of the counties	These are Pass/Fail expectations and are	CDC PHEP Capability 13, Public Health Surveillance

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the Early Notification of Community-based Epidemics (ESSENCE).	<p>have at least one epidemiologist trained and routinely using FPICN data in the ESSENCE system.</p> <ul style="list-style-type: none"> Counties with population less than 100,000 have at least one epidemiologist trained to use the FPICN data in the ESSENCE system. 	<p>have at least one epidemiologist trained and routinely using FPICN data in the ESSENCE system.</p> <ul style="list-style-type: none"> Counties with population less than 100,000 have at least one epidemiologist trained to use the FPICN data in the ESSENCE system. 	<p>trained a primary and secondary ESSENCE-FL contact person to use this system to support local epidemiology functions.</p> <ul style="list-style-type: none"> Small counties with population less than 200,000 have logged into ESSENCE-FL once per week for no less than 40% of all weeks in the calendar year. Large counties with population greater than or equal to 200,000 have logged into ESSENCE-FL 3 times per week for 75% of all weeks. 	<p>will designate a primary and secondary ESSENCE-FL user; 90% of the CHDs will meet the 2014 expectation for logging into and using the system.</p>	<p>scored as follows:</p> <p>1 = Fail 5 = Pass</p>	<p>and Epidemiological Investigation, Function 4</p> <p>PHHP SP Strategy 6.2 – Public Health Surveillance and Epidemiological Investigation</p>

***Expectation Numbering Convention:** Each expectation will have a two or three letter identifier and a number which identifies the expectation within the general capability grouping; for example, PL1 is assigned to the expectation “CHD Emergency Operations Plan” as the first expectation within the general capability grouping of Planning.

• PL	Planning	PL1, PL2, PL3, PL4
• EO	Emergency Operations Coordination	EO1, EO2, EO3, EO4
• CP	Community Preparedness	CP1, CP2, CP3
• MC	Mass Care	MC1, MC2, MC3
• CE	Crisis and Emergency Risk Communications	CE1, CE2, CE3
• RS	Responder Safety and Health	RS1, RS2
• MP	Medical Countermeasures Dispensing	MP1
• EPI	Public Health Surveillance and Epidemiological Investigation	EPI1, EPI2, EPI3

****Federal State Alignment References:**

- ASPR HPP – *Healthcare Preparedness Capabilities: National Guidance for Healthcare Systems Preparedness, January 2012.*
- CDC PHEP – *Public Health Emergency Preparedness Capabilities: National Standards for State and Local Planning, March 2011.*
- ASPR HPP – *Performance Measure Manual Guidance for using the New Performance Measures-Version 2.0, July 2012.*
- CDC PHEP – *Budget Period 1 Performance Measure Specifications and Implementation Guidance; Version 1.1, July 2012.*
- Florida Department of Health – *Florida Public Health and Healthcare Preparedness 2012-14 Strategic Plan, January 2012.*